When people search for medical cannabis in the UK, they often encounter phrases such as “licensed pharmacy supply chain” or “quality-controlled CBPM”. These can sound reassuring, but they are not a guarantee that every product is appropriate, that every seller is authorized, or that cannabis is “fully legal.” The details matter.

First, clarify what “legal” means. It could refer to whether a patient may possess a prescribed product, whether a doctor may prescribe it, or whether a company may import, manufacture, or dispense it. Those activities are governed by different rules and regulators.

This guide explains what changed in 2018, what a regulated supply chain is meant to control, and how NHS and private access differ. It also offers a short checklist for checking claims without mistaking an online review score or traffic estimate for proof of regulatory compliance.

What changed in 2018?

On November 1, 2018, the UK moved medical cannabis for ptsd uk certain cannabis-based products for medicinal use (CBPMs) from Schedule 1 to Schedule 2 under the Misuse of Drugs Regulations 2001. This followed the government’s decision to create a route for specialist doctors to prescribe these products in limited circumstances.

The change did not legalize recreational cannabis, make cannabis products generally available in pharmacies, or create a right to a prescription. It created a controlled medical route. A qualifying prescription must be made by a doctor who is appropriately qualified and meets the specialist-prescribing requirements.



In practice, many CBPMs are unlicensed medicines: they do not have a UK marketing authorization for the particular product and indication. They may be prescribed when a specialist considers that there is an exceptional clinical need and that available licensed treatments are unsuitable or have not worked. Prescribing an unlicensed medicine carries professional responsibilities, including considering evidence, benefits, risks, and monitoring.

What does “licensed pharmacy supply chain” mean?

There is no single “licensed pharmacy supply chain” license that, by itself, proves every step is compliant. The phrase usually describes a chain of businesses and professionals operating under different legal and regulatory controls. The exact controls depend on the product and activity, such as importing, manufacturing, holding, prescribing, or dispensing.

A **licensed pharmacy definition** is therefore best understood as shorthand, not a complete regulatory test. A pharmacy should be registered with the General Pharmaceutical Council (GPhC) in Great Britain, or the Pharmaceutical Society of Northern Ireland (PSNI) in Northern Ireland. Additional requirements can apply to controlled drugs, wholesalers, importers, and manufacturers.



Supply-chain stage What the control is intended to cover Regulator or framework to check Manufacture or import Whether the relevant company and activity are authorized, and whether applicable quality standards are met Medicines and Healthcare products Regulatory Agency (MHRA); Home Office controlled-drug requirements where applicable Prescription Whether the prescriber is entitled to prescribe the product and has made a clinically responsible decision General Medical Council (GMC) and applicable controlled-drug rules Dispensing Whether a prescription is valid and the medicine is supplied, labeled, and handled by an authorized pharmacy GPhC in Great Britain or PSNI in Northern Ireland, plus controlled-drug requirements Patient use Whether the patient is using the prescribed medicine in accordance with the prescription and relevant law Prescription terms and applicable medicines and controlled-drug legislation

What quality control can—and cannot—tell you

A **quality controlled CBPM** should come through an authorized route with appropriate checks on matters such as identity, strength, contamination, packaging, and storage. Good manufacturing and distribution practices may be relevant at different stages. These controls help reduce risks such as a mislabeled product or unsuitable handling.

However, “quality controlled” does not mean “proven effective for everyone,” “risk-free,” or “licensed by the MHRA for this condition.” A supply chain can be properly controlled even when a product is unlicensed. The prescriber still needs to assess whether treatment is suitable, discuss uncertainties and side effects, and arrange appropriate follow-up.

Nor does the phrase tell you, on its own, whether an online seller is the pharmacy that will dispense your medicine, whether the prescriber is independent of the seller, or which product you will receive. Ask for specifics rather than relying on a broad assurance.

Who can prescribe medical cannabis?

For the specialist route established in 2018, prescribing is restricted to doctors on the GMC Specialist Register. This is not the same as saying any doctor can prescribe cannabis after a brief course or that a GP can start the treatment. A GP may be involved in a patient's wider care, but should not be assumed to initiate a CBPM prescription.

The specialist must make an individual clinical decision. A clinic advertising a consultation cannot promise that every patient will receive a prescription: an assessment may conclude that cannabis is not suitable, that more information is needed, or that another treatment is more appropriate.

Specialist-only prescribing is particularly important because evidence varies by condition and product. NICE guidance, including guideline NG144 on cannabis-based medicinal products, sets out recommendations for specific circumstances. It does not recommend routine use for every condition for which a private clinic might receive an inquiry.

What remains illegal or restricted?

The 2018 change was narrow. It did not remove the wider controls on cannabis. The following distinctions are important:

- **Recreational use:** Cannabis remains a controlled drug. Possession, supply, and production outside lawful exceptions can be criminal offenses. A medical prescription is not permission to use non-prescribed cannabis recreationally.
- **Self-prescribing:** Patients cannot prescribe cannabis to themselves. A prescription must come from an eligible clinician, following a clinical assessment. Buying a product online without a valid prescription does not create a lawful medical supply.
- **Importing:** Patients should not assume they can order cannabis products from overseas and import them personally. Importation is subject to controls and may require appropriate licenses and documentation. A product being sold legally in another country does not make it lawful to bring into the UK.
- **Supply outside the authorized route:** A prescription does not make unrelated products, products supplied by another person, or unprescribed cannabis lawful for the patient.

Traveling with prescribed cannabis can also require advance checks, particularly when crossing borders. Rules differ by destination. Before traveling, patients should check current government advice and the destination country's requirements rather than relying on a clinic's general statement.

NHS access versus private access

NHS prescribing

NHS access is limited. NICE recommendations cover particular uses, and NHS prescribing generally depends on specialist judgment, local pathways, and the individual clinical circumstances. The fact that a

product is legally prescribable does not mean it is routinely commissioned or readily available through every NHS service.

Patients may be asked about previous treatments, diagnosis, risks, and relevant medical records. They may also encounter long waits or be told that a CBPM is not appropriate under the applicable guidance. A GP can help coordinate care, but should not be presented as the person who can simply start the specialist prescription.

Private clinics

Private clinics may offer consultations with specialist prescribers and can sometimes provide a route where NHS access is not available. But private care does not waive prescribing rules or turn an unlicensed product into a licensed medicine. The clinician still has to decide that prescribing is appropriate.

Costs vary. Ask for an itemized estimate covering the initial consultation, follow-ups, prescription or dispensing charges, and the medicine itself. Find out what happens if the specialist declines to prescribe, whether repeat appointments are required, and how the clinic handles side effects or changes in treatment. Avoid relying on a single headline price without knowing what it includes.

Companies such as Releaf may appear in searches for private medical cannabis services. Treat any provider's website as a starting point for questions, not as independent proof of compliance or clinical suitability. Ask which clinician will assess you, whether that doctor is on the GMC Specialist Register, which pharmacy will dispense, and how prescriptions and follow-up are managed.

A short checklist for checking a supply-chain claim

1. **Identify the prescriber.** Ask for the doctor's name and check the GMC register, including whether the doctor is on the Specialist Register.
2. **Identify the dispensing pharmacy.** Check its registration with the GPhC or PSNI, as appropriate. A clinic and a pharmacy may be separate organizations.
3. **Ask who handles the product.** Clarify whether it is imported, manufactured, or distributed by another company and what authorizations apply to those activities.
4. **Ask about the medicine itself.** Is it licensed for the intended use, or is it being prescribed as an unlicensed medicine? What quality and storage controls apply?
5. **Get the full cost and care plan.** Confirm consultation, medicine, dispensing, and follow-up costs, and ask who to contact about adverse effects.
6. **Check claims with the relevant regulator.** A slogan or badge is not a substitute for a registration or authorization that can be verified.

Using reviews and traffic tools carefully

Trustpilot can help you read about other customers' experiences with communication, appointment booking, or delivery. Reviews are individual accounts, not an audit of a prescriber's qualifications, a pharmacy's registration, or the quality of a medicine. Look for patterns and read the context, but verify regulatory facts separately.

SimilarWeb estimates website traffic and audience patterns. It can help compare online visibility, but it does not confirm that a clinic or pharmacy is licensed, that a doctor is a specialist, or that a supply chain meets medicines requirements. Traffic is a marketing metric, not a clinical or regulatory credential.

If a dispute arises over treatment, costs, or a provider's claims, keep copies of prescriptions, invoices, and written communications. For legal questions about controlled-drug rules, supply, or a possible complaint, a solicitor such as Irwin Mitchell may be one source of advice; the appropriate route will depend on the issue. Regulatory concerns may also be directed to the relevant regulator.

The bottom line

A regulated dispensing UK pathway is a set of controls across several steps, not a blanket declaration that "medical cannabis is legal." The 2018 rescheduling created a limited route for specialist doctors to prescribe certain CBPMs. It did not legalize recreational use, allow patients to self-prescribe, or give them a general right to import cannabis.

When you see "licensed pharmacy supply chain," ask what is licensed, by whom, and for which activity. Then check the specialist prescriber, the dispensing pharmacy, the product's status, and the full care and cost arrangements. Those practical checks are more useful than relying on a broad marketing phrase.